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## BIB DATA SHEET

CONFIRMATION NO. 5298

SERIAL NUMBER	FILING or 371(c) DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
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### APPLICANTS

Christopher J. Lasher, Ridgewood, NJ;  
 Dennis W. Rice, Union, NJ;  
 Michael J. Szesko, Freehold, NJ;  
 Michael L. Mahar, Wurtsboro, NY;

### \*\* CONTINUING DATA \*\*\*\*\*

This application is a REI of 08/455,402 05/31/1995 PAT 5,720,154  
 which is a CON of 08/250,435 05/27/1994 ABN

### \*\* FOREIGN APPLICATIONS \*\*\*\*\*

### \*\* IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\*

03/27/2000

Foreign Priority claimed	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Met after Allowance	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119(a-d) conditions met	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		NJ	17	55	29

### ADDRESS

WILMER CUTLER PICKERING HALE AND DORR LLP  
 399 PARK AVENUE  
 NEW YORK, NY 10022  
 UNITED STATES

### TITLE

Enhanced drug dispensing system

FILING FEE RECEIVED 6750	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
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